DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (FOR INTEL CORPORATION PATENT APPLICATIONS)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR CONDITIONING WIRELESS TRANSMISSION OF

		MESS	AGES	
the spec	ification of which			
	\mathbf{x}	is attached hereto.		
		was filed on	as	
		United States Application Nu		
		or PCT International Applica	tion Number	
		and was amonded on	(if applicable)	•
amended used in t country sale in th made the of Amer	d by any amendment referred the United States of America before my invention thereof of the United States of America is e subject of an inventor's cert rica on an application filed by	d understand the contents of the to above. I do not know and debefore my invention thereof, our more than one year prior to the ificate issued before the date of me or my legal representative gn patent application) prior to	lo not believe that the claimed r patented or described in any his application, that the same is application, and that the inverse of this application in any country or assigns more than twelve	invention was ever known or printed publication in any was not in public use or on antion has not been patented or by foreign to the United States
	wledge the duty to disclose all Regulations, Section 1.56.	information known to me to b	e material to patentability as d	defined in Title 37, Code of
patent of	r inventor's certificate listed b	ts under Title 35, United States below and have also identified that of the application on whice	below any foreign application	
Prior Fo	reign Application(s):			
	APPLICATION	COUNTRY (OR	DATE OF FILING	PRIORITY CLAIMED
	NUMBER	INDICATE IF PCT)	(day, month, year)	UNDER 37 USC 119
			· · · · · · · · · · · · · · · · · · ·	No ∏Yes
				No ∏Yes
				140 162
•	claim the benefit under Title	35, United States Code, Section:	on 119(e) of any United States	3

APPLICATION NUMBER	FILING DATE



I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

FILING DATE	STATUS (ISSUED, PENDING, ABANDONED)
	FILING DATE

I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Send correspondence to:

Donna Jo Coningsby, Reg. No. 41,684, BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, LLP

(Name of Attorney or Agent)

12400 Wilshire Boulevard, 7th Floor, Los Angeles, California 90025 and direct telephone calls to:

Donna Jo Coningsby, (503) 684-6200.

(Name of Attorney or Agent)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature	Date	
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Residence (City, State) Mailing Address		(Country)
Full Name of Fifth/Joint Inventor (given name, family name)		
Inventor's Signature	Date	
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(City , State) Mailing Address		(Country)
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